SERIAL NO. 09/831001 APPLICANT(S) FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS DEP. AFTER 2nd AMENDMENT IND. AFTER 1st AMENDMENT DEP. IND. DEP. IND. AS FILED DEP. IND. IND. DEP. IND. TOTAL

TOTAL DEP. TOTAL CLAIMS

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TOTAL IND.

OTAL DEP.

^{*}MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS